PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

Unda the Paperwork Re	duction Act of 1995.	no person are required t	U.S. Pat respond to a collect	ent and Trade	mark Office; U.S. DEF	PARTMENT O	F COMMERCE	
CV		no porodir are roquired .	1		mplete if Know		dona or manipar	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number		09/505,898-Conf. #7146			
FEE TRANSMITTAL			Filing Date February 17,		2000			
			First Named Inventor Kirti Dave					
For FY 2005			Examiner Name U. Winkler					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1648					
TOTAL AMOUNT OF PAYMENT (\$) 2,660.00			Attorney Docket No. 66011-0120					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
i 📙 '	(s) indicated belo		=	rge tee(s) ir	ndicated below, e x	cept for th	e filing fee	
x Charge any fee(s) unde	f x Cred	redit any overpayments						
FEE CALCULATION								
1. BASIC FILING, SEAR								
	FILING	FEES SE	EARCH FEES		NATION FEES			
Application Type	Fee (\$)	Fee (\$) Fee (Smali Entit \$) Fee (\$)	<u>У</u> <u>Fee (\$)</u>	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	300	150 500	250	200	100			
Design	200	100 100	50	130	65			
Plant	200	100 300	150	160	80			
Reissue	300	150 500	250	600	300			
Provisional	200	100	0	0	0			
2. EXCESS CLAIM FEES	3						Small Entity	
							Fee (\$)	
Each claim over 20 (incli	_					50	25	
Each independent claim		(Reissues)				200	100	
Multiple dependent clain	ns					360	180	
Total Claims Ext			Paid (\$)	aid (\$) <u>Multiple Dependent Claims</u>				
37	9 x 50	<u>).00</u> =\$	450.00	<u> </u>	Fee (\$) Fee Paid (\$)		ì	
Indep. Claims Ext	ra Claims Fe	e (\$) Fee	Paid (\$)	_			_	
6 -=	2 × 20		400.00					
3. APPLICATION SIZE FEE								
If the specification and listings under 37 CF	R 1.52(e)), the ap	oplication size fee o	ue is \$250 (\$12:	5 for small)	
sheets or fraction the							-1-1 (4)	
Total Sheets	Extra Sheets /	Number of each 50	additional 50 or f			Fee P	<u>'aid (\$)</u>	
4. OTHER FEE(S)			_ (round ap to a n	mole mamber	, ^ —— -	Fees I	Paid (\$)	
Non-English Specific	ation, \$130 fee	(no small entity dis	count)				447	
Other (e.g., late filing	esponse within	third mon	th	•	20.00			
1801 Request for continued examination (RCE) (see 37 790.00								
SUBMITTED BY	$\sqrt{1}$							
Signature	ナー		Registration No. (Attorney/Agent)	41,882	2 Telephone	(248) 594	1-0656	
Name (Print/Type) James	F. Kamp				Date	June 10	2005	
- 1	<u>, </u>						,	
							·	

	Fee Transmittal	
I hereby certify that this correspondence is being de	psited with the U.S. Postal Service as Express Mail, Airbi	II No. EV 078880497 US,
in an envelope addressed to: MS RCE, commissign	osited with the U.S. Postal Service as Express Mail, Airbi for Ratents, P.O. Box 1450, Alexandria, VA 22313-145	50, on the date shown
below.	\times \setminus \setminus	
below.		

Dated: June 10, 2005

Signature: New Land

(Wendy A. Balabon)